

Request for Inspection of a Rebuilt Motor Vehicle

Attn: Salvage Office
Georgia Dept. of Motor Vehicle Safety
Motor Vehicle Services
P.O. Box 740384
Atlanta, Georgia 30374-0384

This is to request that the rebuilt vehicle described below be inspected. If this vehicle passes your inspection, please authorize Motor Vehicle Services to issue a Certificate of Title for this vehicle.

Vehicle Information

(Make)	(Year Model)	(Vehicle Identification Number)
(Owner's Name)		(Sales Tax Number)
(Owner's Address)		(Withholding Tax Number)
(Location of Vehicle)		(Home Phone Number Including Area Code)
(Person to Contact Regarding Inspection)		(Work Phone Number Including Area Code)

I understand that it is my responsibility as the title applicant, to have this vehicle available for inspection during regular business hours, from 8:00 a.m. to 4:45 p.m. Monday through Friday, unless otherwise instructed by the Motor Vehicle Services Inspector. I understand that a maximum of two trips will be made to inspect this vehicle. Before a third trip will be made, an additional fifty dollars fee must be submitted to the Motor Vehicle Services. I have left two phone numbers where I or someone else familiar with the above described vehicle can be reached in order to schedule an appointment. I understand that after three attempts have been made to contact me without success, the paperwork will be returned until I make further contact with the Department.

Signature _____ Date _____

For MVS Department Use Only

Salvage Clerk's Signature _____ Date _____